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Bib Data Sheet

**CONFIRMATION NO. 9989**

<b>SERIAL NUMBER</b> 10/015,476	<b>FILING OR 371(c) DATE</b> 12/13/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> HOOV 120
<b>APPLICANTS</b> Michael D. Hooven, Cincinnati, OH;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/038,506 11/09/2001 which is a CIP of 10/032,378 10/26/2001 which is a CIP of 09/844,225 04/27/2001 PAT 6,517,536 which is a CIP of 09/747,609 12/22/2000 PAT 6,546,935 which claims benefit of 60/200,072 04/27/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 02/05/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 66	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 26568				
<b>TITLE</b> TRANSMURAL ABLATION DEVICE				
<b>FILING FEE RECEIVED</b> 1905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	